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PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>		Attorney Docket Number	NTI-004
		First Named Inventor	Linard Karklin
		COMPLETE IF KNOWN	
		Application Number	Filed Herewith
		Filing Date	Filed Herewith
		Group Art Unit	unknown
		Examiner Name	unknown

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

### "System And Method Of Providing Mask Quality Control"

*(Title of the Invention)*

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)  

as United States Application Number or PCT International

Application Number   and was amended on (MM/DD/YYYY)   (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	NO
N/A			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto:

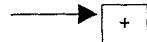
I hereby claim the benefit under 35 U.S.C. 119(h) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
N/A		<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

(Page 1 of 2)

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## DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120, of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of the application is not designated in the prior United States or PCT international application in the manner provided by the first paragraph of 31 U.S.C. 112. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
N/A		

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:  Customer Number 022888 → Place Customer Number Bar Code Label here

OR

Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to:  Customer Number 022888 OR  Correspondence address below

Name	Jeanette S. Harms				
Address	Bever Hoffman & Harms, LLP				
Address	2099 Gateway Place, Suite 320				
City	San Jose	State	CA	ZIP	95110-1017
Country	U.S.	Telephone	+1 (408) 451-5907		Fax +1 (408) 451-5908

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name (first and middle (if any))				Family Name or Surname				
Linard				Karklin				
Inventor's Signature						Date	3/20/01	
Residence: City	Sunnyvale	State	CA	Country	US	Citizenship	US	
Post Office Address	1134 Shenandoah Dr.							
Post Office Address								
City	Sunnyvale	State	CA	ZIP	94087	Country	US	
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto:								

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PTO/SB/02A (3-97)

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<b>DECLARATION</b>		<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet Page <u>1</u> of <u>1</u>
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<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle (if any))			Family Name or Surname					
Linyong			Pang					
Inventor's Signature							Date <u>03/20/01</u>	
Residence: City	<u>CASTRO VALLEY</u> <u>-Stanford-</u>	State	CA	Country	US	Citizenship	China P.R.	
Post Office Address	<u>63 Abrams Ct., 1A-18575 GREENRIDGE CT</u>							
Post Office Address								
City	<u>CASTRO VALLEY</u> <u>Stanford</u>	State	CA	ZIP	<u>94552</u> <u>-94305</u>	Country	US	
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle (if any))			Family Name or Surname					
Lynn			Cai					
Inventor's Signature							Date <u>March 20, 01</u>	
City	Union City	State	CA	Country	US	Citizenship	Canada	
Post Office Address	<u>4531 Cape View Drive</u>							
Post Office Address								
City	Union City	State	CA	ZIP	94587	Country	US	
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle (if any))			Family Name or Surname					
Inventor's Signature							Date	
City		State		Country		Citizenship		
Post Office Address								
Post Office Address								
City		State		ZIP		Country		

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